Extended Learning Opportunities (ELOs) Program

Job Shadow Form

Student Name	**YOG**

Name of Organization	**Contact Person/Mentor**

Specific Learning Goals:

Organization Address	**Organization Phone Number**

Date of Job Shadow	**Total # of Hours**

Description of what the student observed and/or activities taken part in

_____

Student Signature **Date**

_____

Contact Person/Mentor Signature **Date**

Last Edited: 8/14/15